PROVIDING FOR MEDICAL SERVICES TO NON-INDIANS IN INDIAN HOSPITALS

June 25, 1951.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. Morris, from the Committee on Interior and Insular Affairs, submitted the following

REPORT

[To accompany H. R. 1043]

The Committee on Interior and Insular Affairs, to whom was referred the bill (H. R. 1043) to provide for medical services to non-Indians in Indian hospitals, and for other purposes, having considered the same, report favorably thereon with amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Page 2, line 15, following the period, insert the following:

No hospital or health facility that has been constructed or maintained for a specific tribe of Indians, or for a specific group of tribes, shall be transferred to a non-Indian entity or organization under this section unless such action has been approved by the governing body of the tribe, or by the governing bodies of a majority of the tribes, for which such hospital or health facility has been constructed or maintained.

REPORT ON THE BILL

History: This legislation was considered in the Eighty-first Congress and passed the House on June 20, 1949. The Senate Committee on Interior and Insular Affairs considered the House bill and reported it to the Senate with certain amendments. The Senate failed to take action on the measure.

EXPLANATION

H. R. 1043 is designed to provide the maximum use of Indian service hospitals and facilities by making them available to non-Indians in areas where there are no other hospital facilities and where the Indian hospitals are not being fully utilized by the Indians.

The enactment of this legislation would reduce the net cost to the Government of maintaining Indian hospitals and would provide a

badly needed service to the non-Indian population in isolated areas served only by Indian hospitals. It also would result in better medical care for the Indians, since the limited number of Indian patients is

not conducive to obtaining the best doctors.

In certain instances, as provided in section 2 of the bill as amended, the Secretary of the Interior is authorized to transfer hospitals or other health facilities, including initial operating equipment and supplies, to local and other entities and organizations; *Provided*, however: That—

No hospital or health facility that has been constructed or maintained for a specific tribe of Indians, or for a specific group of tribes, shall be transferred to a non-Indian entity or organization under this section unless such action has been approved by the governing body of the tribe, or by the governing bodies of a majority of the tribes, for which such hospital or health facility has been constructed or maintained.

In case of such transfers, the legislation requires a protective contract for the Indians, giving them availability and priority of use, for their health needs, of all such facilities so transferred. Further, the bill specifies that Indians shall receive the same quality of service and medical care as that given non-Indians.

The bill also authorizes the Secretary to enter into contracts with physicians to provide medical care for the Indians without requiring them to become part-time employees of the Federal Government.

With respect to section 3 of the bill, which authorizes contracts between the Secretary of the Interior and certain physicians for the provision of medical attention and services to Indians, the committee very carefully considered the scope of such section; particularly, consideration was given regarding the physicians who might be selected pursuant to such section. It is intended that graduates of colleges of osteopathy whose graduates are eligible for licensure to practice medicine or osteopathy in a majority of the States of the United States, or approved by a body or bodies acceptable to the Secretary of the Interior, shall qualify for contract or employment as physicians by the Secretary of the Interior to provide medical attention or services to Indians.

Proceeds to be derived under section 1 shall be deposited in the Treasury to the credit of the appropriation from which the hospitalization or medical services are provided, and shall be available for expenditure for the purposes for which the appropriation was made.

Testimony before the committee in the Eighty-first Congress, as well as the evidence presented at recent hearings, indicates a real need for legislation of this nature.

The favorable report of the Department of the Interior reads as

follows:

DEPARTMENT OF THE INTERIOR, Washington, May 8, 1951.

Hon. John R. Murdock,

Chairman, Committée on Interior and Insular Affairs, House of Representatives.

House of Representatives.

My Dear Mr. Murdock: Reference is made to your request for a report on H. R. 1043, a bill to provide for medical services to non-Indians in Indian hospitals, and for other purposes.

I believe that this bill would make it possible to offer improved medical services to Indians and would tend to reduce the cost of such services to the Government. I therefore recommend its enactment.

The Bureau of Indian Affairs operates 56 hospitals in the United States and 7 in Alaska. These hospitals are widely dispersed and, for the most part, are

located in remote, sparsely settled areas. Many of these hospitals are the only facilities available in the communities in which they are located, which in some instances have a mixed Indian and non-Indian population. In these circumstances, non-Indians who have to travel long distances to the nearest nongovernmental hospital are subjected to particularly great hardships. Many beds are often unoccupied in the small Indian hospitals, and, because of the overhead and the staff required, the cost of operation to the Federal Government is very high. If the beds excess to the needs of the Indians could be utilized on a pay basis by non-Indians, the net cost to the Government would be reduced and a badly needed service to the non-Indian population would be made available. On the other hand, in communities where the number of Indians requiring medical services is small, the administration of Indian hospitals by State, Territorial, or private agencies would also be a more economical method of satisfying Indian needs.

One of the most serious problems in furnishing acceptable health services to the Indians is the difficulty of recruiting qualified physicians and nurses to work in the isolated and sparsely settled areas in which the Indians often reside. If the hospital served the entire community in such areas rather than only one segment of the population, physicians would have greater incentive to practice in these They would see a greater variety of patients and would have opportunities to increase their income through private practice while serving the Indians on a part-time basis under contracts made with this Department. This bill, if enacted, would facilitate obtaining medical services from private practitioners by authorizing contracts between the Secretary of the Interior and such practitioners rather than by requiring such practitioners to become part-time employees of this De-

partment.

It will be noted that the bill makes specific provision for protection of Indian patients against discrimination in hospitals or other health facilities covered by the bill, and that it gives Indians priority over non-Indians in admission to hospitals that were originally constructed solely for Indians. The bill also specifically constructed solely for Indians. ically sets up a general procedure for disposing of funds received from non-Indians hospitalized in Indian-service hospitals.

The Bureau of the Budget has advised me that there is no objection to the submission of this report to the Congress.

Sincerely yours,

OSCAR L. CHAPMAN, Secretary of the Interior.

The Committee on Interior and Insular Affairs unanimously reports and recommends the enactment of this legislation as amended.